PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 09/856402

Effective October 1, 1997

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	L ENTITY		ОТН	ER THA
FOR			NUMBER FILED			NUMBER EXTRA			RATE		T OF	₹ SMAL	L ENTI
DACIO SES			To the second	**************************************	25 May 197	ra Patan kanan	Side Colonia Construction of the Colonia Colon		HOWELE WITHOUT	FEE		RATE	FE
BASIC FEE				4.0	re e					398.00	OF		790
	TAL CLAIMS		1	min	us 20 =				x\$11=		OR	x\$22=	3
					nus 3 =	·			x41=			-	+
MULTIPLE DEPENDENT CLAIM PRESENT									+135=	 	OR		
• If the difference in column 1 is less than zero, enter "0" in column 2							i		1:2	OR	+270=		
	CLANCE AS ANTHER									47	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY											ОТНЕ	ER THAI	
_		MMS	CONTRACT	HIGHEST		(Column 3)		SMAL	L ENTITY	OR		L ENTIT	
AMENDMENTA	REMAININ AFTER AMENDME		rer		NU PRE	MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION, FEE
	Total	•		Minus	·•		=		x\$11=	 	-OR	x\$22=	
	Independen			Minus			=	1	x41=				
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1 }	+135=		OR	x82=	
									TOTAL		OR	+270=	
	Transpersion of the	(Colum			(Col	umn 2)	(Column 3)	AD	DIT. FEE	L	OR	TOTAL ADDIT: FEE	
AMENDMENT B		CLAI REMAI AFT AMEND	NING ER		NUI PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	•		Minus	••		-		x\$11=		ÓR	x\$22=	
	Independent	•		Minus	•••		=		x41=				
	FIRST PRESENTATION OF M			MULTIPLE	DEPENI	DENT CL	AIM	-			OR	x82=	
									+135≔		CIR	+270=	
		(Colum			(Cole	m n 2)	(Cotume 3)	ADI	017 - 6-6-		OR,	1AL 331 TIQQI	
AMENDMENT C		CLA!! NEMAH AFTE AMENDI	B AllAC		NUM	HEER OUSLY FOR	PRESENT CYTRA		DATE	ADDI TOMAL FEE		BAT	ADDI- TIONAL FEE
	Iviai			Minus	• •		=	×	(\$11=	1	OR	x\$22=	
	Independent	•		Minus	***		=	}-	x41=		OR		
	FIRST PRESENTATION OF MULTIPLE D				DEPENDENT CLAIM			}-			-	x82=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE C											OR A	TOTAL DDIT. FEE	
~ DT	O 075 /Dog 007								and approbl	riate pox in co	fumn 1		